

HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, ASB TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org

THIS SPACE FOR OFFICE USE ONLY

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STATE OF HAWAII STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

 	(Type of Till)	· Gloarly /		
PART I LOBBYIST				
NAME (Last)	(First)	(Middle)	TELEPHONE	(
Hirano,	Amy	C.	808-536-5688	
MAILING ADDRESS (Street)			FAX	
84 N. King Street			808-536-5720	
(City)	(State)	(Zip Code)		
Honolulu,	HI	96817		
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE	_
Pacific Management Consultants, Inc.			808-536-5688	
MAILING ADDRESS (Street)			FAX	_
84 N. King Street			808-536-5720	
(City)	(State)	(Zip Code)		
Honolulu,	HI	96817		

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
Aloha Petroleum, Ltd.		
MAILING ADDRESS (Street)	FAX	
1132 Bishop Street, 17th Floor		
(City)	(State)	(Zip Code)
Honolulu,	Н	96813
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
Robert Fung		
MAILING ADDRESS (Street)		FAX
1132 Bishop Street, 17th Floor		
(City)	(State)	(Zip Code)
Honolulu,	HI	96813

LREG 03/2005 Page 1 of 2

PART III DESCRIPTION	OF SUBJECTS UPON WH	ICH YOU EXPECT TO LOBBY	Υ		
Agriculture	Education	☐ Human Services	Science, Technology & Economic Development		
Communications & Public Utilities	Government Operation & Finance	 Intergovernmental Relations, International Affairs 	☐ Tourism & Recreation		
Consumer Protection & Commerce	☐ Hawaiian Affairs	✓ Labor & Employment	☐ Transportation		
Culture, Arts, Historic Preservation	Health	Planning, Land & WaterUse Management	Other: (indicate below)		
Ecology, Energy Environmental Protection	☐ Housing	Public Safety & Corrections			
PART IV CERTIFICATION	N OF LOBBYIST				
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.					
Occur Herano 1/4/07					
(Signature of Lobbyist)		(Date)			
PART V AUTHORIZATI	ON TO LOBBY				
NAME		TITLE OF AUTHORIZING OFFICE	R OR PERSON REPRESENTED		
Bob Maynard					
NAME OF ORGANIZATION (if applicable)			TELEPHONE		
Aloha Petroleum, Ltd.			808-522-9700		
MAILING ADDRESS (Street)			FAX		
1132 Bishop Street, 17th Floor					
(City) (State)		(Zip Code)			
Honolulu,	н		96813		
I hereby authorize the above - named person to engage in lobbying activities on behalf of the unders igned.					
(chr)	town	1.	-25-07		
1	thorizing Officer or Person Repre				